

New practice atlas outlines variations in health care provided across Ontario

Michelle Noble

Résumé : L'Institute for Clinical Evaluative Sciences a récemment publié la première édition de *Patterns of Health Care in Ontario*, mieux connue sous le nom d'ICES Practice Atlas, qui présente un examen des différences dans les services de soins de santé en Ontario. L'examen révèle quelques écarts importants entre les tarifs des soins chirurgicaux dans diverses régions de la province. La recherche a été parrainée conjointement par le ministère de la Santé de l'Ontario et l'Association médicale de l'Ontario. Les auteurs espèrent que cette information aidera à améliorer la qualité des soins dans les hôpitaux de la province.

An unprecedented study that maps the use of health care services in Ontario has revealed some surprising disparities in surgical rates within the province.

Patterns of Health Care in Ontario, a book produced by researchers from the Institute for Clinical Evaluative Sciences (ICES) at the University of Toronto's Sunnybrook Health Science Centre in Toronto, shows that over the past 10 years surgical rates for selected procedures vary — in some cases dramatically — between regions and between hospitals.

The book, commonly referred to as the *ICES Practice Atlas* — ICES is a research body jointly sponsored by the Ontario Ministry of Health and Ontario Medical Association (OMA) — shows that women in some parts of the province are much more likely to have cesarean sections than those living elsewhere in Ontario. In 1991–92, county-level ce-

sarean-section rates ranged from a high of 23.2 per 100 000 people to a low of 12.6.

Even more varied were the rates at individual hospitals. Central Hospital in downtown Toronto had a rate of 30.26 cesarean sections per 100 deliveries; nearby Wellesley Hospital had a rate of 20.07, while the rate at St. Michael's Hospital was 18.85. All are classified as level 1 — normal labour and delivery — hospitals. Women's College Hospital, a downtown Toronto facility classified as a

level 3 — high-risk — obstetric centre, had a rate of 21.42.

Overall, the ICES atlas reveals that level 1 hospitals, which account for 44% of deliveries and provide care to low-risk patients, have cesarean rates higher than the moderate-risk level 2 centres and high-risk level 3 facilities.

There is also great variation in the relative use of breast conserving surgery (BCS) in the treatment of breast cancer. "It is apparent there is a relationship between volume of surgery and BCS rate," the atlas states.

However, the atlas is not limited to the study of surgical variations. One chapter, which discusses the use of acute care hospitals, prescription drugs and physician and diagnostic services, points out that from 1985–86 to 1990–91 the cost of providing prescription drugs to elderly Ontarians increased by 130%. Although part of the reason may be in-

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creased reliance on home care, "the extent of the increases in expenditures indicates substantial changes in the quantity and type of drugs used to treat the elderly in Ontario."

Dr. David Naylor, the chief executive officer at ICES and coeditor of the atlas, was somewhat surprised by the practice variations discovered by the institute's researchers. Previous information was based on American data, and given that Ontario has a publicly funded system he had expected greater uniformity across the province. However, he cautioned that the atlas is not meant to be a buyer's guide for patients.

"The purpose of this report is to provide those working in and using the Ontario health care system with information about its performance," he said. "It is not meant to provide quick fixes or definitive solutions. Nor, above all, is it meant to pick grand winners and losers among hospitals, or single out provider groups for criticism."

He added that the atlas is a starting point that needs to be followed by a blame-free examination and analysis at the local level.

Deputy Health Minister Margaret Mottershead said the objective now is to determine what all this information means. The atlas contains the raw material but doesn't give all the answers, she said. She thinks it will help raise the right questions about priorities and health outcomes. "By asking these questions we can find the answers to improve the quality of care that we receive."

Following release of the atlas in May, said Mottershead, the government planned to bring together a group of 300 representatives from across the health care system to learn about the atlas "and start the work of turning the information it contains into an agenda for better care."

OMA representative Dr. Wayne Parsons said the atlas is a major achievement that provides a "window into what is going on in Ontario." However, he cautioned that it is only the first step in a long process: "It

documents symptoms — it does not make diagnoses and it does not offer a prescription for treatment."

Some physicians have resented the atlas, he added. "Physicians have come under tremendous scrutiny in the last decade. This is another opportunity for a variety of people to put them under the microscope."

However, he is confident that the atlas will not be used to criticize individual physicians. "I think the atlas shows that physicians by and large do a very good job in many, many areas. The question is not do we do a good job but rather can we do a better job."

Parsons said it is now time to look beyond the rates and variations to the reasons behind them, and physicians will play an important role in this process.

The 329-page practice atlas indicates there are some large variations in rates for coronary artery bypass graft surgery. It points to a cluster of high-rate counties and cities around the Sudbury, Ottawa and Kingston referral centres, while the Hamilton, London and Toronto referral centres are surrounded by lower-rate counties and cities.

Nine regions were significantly above the provincial average for rates of total hip replacement, while four were significantly below. The highest rate was 112.5 per 100 000 people, the lowest 49.9. The rates for total knee replacement varied even more; the highest rate was 127.3 per 100 000 people, compared with a low of 36.5.

The atlas also includes information on the health status of Ontario residents and the use of hospital resources. Subsequent editions will appear every 18 months, focusing on primary care, drug use and health-related outcomes.

Copies of the atlas are available to CMA members at a special price of \$87.20; the price for nonmembers is \$101.60. Both prices include GST and shipping charges. Orders should be sent to Membership Services, CMA, 1867 Alta Vista Dr., Ottawa, ON K1G 3Y6; 1-800-267-9703. ■

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